

# APPLICATION TO SOLICIT

LMC Chapter 5.18

FEE: \$10.00 - 90 Day Permit; \$20.00 - Annual Permit (Must be headquartered in Lincoln)

**FILE 14 DAYS PRIOR TO START DATE**

## RETURN TO:

City Clerk's Office  
555 S. 10<sup>th</sup> St.  
Lincoln NE 68508

No soliciting in Public Right-Of-Way.

*Each question must be completely answered OR your application will be returned as incomplete!*

**NO FUNDRAISING MAY BEGIN UNTIL PERMIT IS ISSUED!**

**Please PRINT using blue or black ink only.**

ORGANIZATION (IF APPLICABLE)					
NAME:					
HDQTRS ADDRESS:					
CITY:				STATE:	
ZIP:		PHONE#:		FAX#:	

Purpose of Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT (IF NOT AN ORGANIZATION)					
NAME:					
ADDRESS:					
CITY:				STATE:	
ZIP:		PHONE#:		FAX#:	

If applicant does not maintain an office in this state, please give the name, address & telephone number of the person having custody of the financial records of the applicant below:

PERSON HAVING CUSTODY OF THE FINANCIAL RECORDS					
NAME:					
ADDRESS:					
CITY:				STATE:	
ZIP:		PHONE#:		FAX#:	

Location of Legal Establishment: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Legal Establishment: \_\_\_\_\_

Form of Organization of the Applicant: \_\_\_\_\_  
*(Attach proof of tax exempt Status from Nebraska Dept. of Revenue or IRS)*

Name(s) under which the applicant has solicited or intends or does solicit contributions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICERS OF ORGANIZATION						
	NAME	ADDRESS	CITY	STATE	ZIP	PHONE #
PRESIDENT						
VICE-PRES.						
SECRETARY						
TREASURER						

NAME & ADDRESS OF PRINCIPAL SALARIED EXECUTIVE STAFF OFFICER(S)				
NAME	STREET	CITY	STATE	ZIP

PERSON IN DIRECT CHARGE OF CONDUCTING THIS SOLICITATION				
NAME:				
ADDRESS:				
CITY:			STATE:	
ZIP:		PHONE#:		FAX#:

PERSON WHO SHALL HAVE FINAL RESPONSIBILITY FOR CUSTODY OF CONTRIBUTIONS RECEIVED					
NAME:					
ADDRESS:					
CITY:				STATE:	
ZIP:		PHONE#:		FAX#:	

PERSON RESPONSIBLE FOR FINAL DISTRIBUTION OF CONTRIBUTIONS					
NAME:					
ADDRESS:					
CITY:				STATE:	
ZIP:		PHONE#:		FAX#:	

**IS THE APPLICANT, OR HAS THE APPLICANT BEEN IN THE PAST, AUTHORIZED OR LICENSED BY, OR REGISTERED WITH, ANY OTHER GOVERNMENTAL AUTHORITY FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, LIST ALL SUCH AUTHORIZATIONS, LICENSURES, OR REGISTRATIONS:**

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**HAS ANY SUCH AUTHORIZATION, LICENSE, OR REGISTRATION EVER BEEN REVOKED, SUSPENDED, OR WITHDRAWN? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**IF YES, EXPLAIN:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IS THE APPLICANT, OR ANY OF ITS CHAPTERS, BRANCHES, OR AFFILIATES, CURRENTLY, OR IN THE PAST EVER BEEN ENJOINED BY ANY COURT FROM SOLICITING CONTRIBUTIONS: \_\_\_\_\_ YES \_\_\_\_\_ NO**

**IF YES, EXPLAIN:** \_\_\_\_\_  
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 \_\_\_\_\_

**PURPOSE & INTENDED USE OR DISPOSITION OF ANY RECEIPTS OF THIS SOLICITATION  
 (BE VERY SPECIFIC):**

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DESCRIBE ***IN DETAIL*** HOW MONEY WILL BE RAISED (I.E., DOOR-TO-DOOR CONTACT, PRODUCT TO BE SOLD, ETC.) (***BE VERY SPECIFIC; GIVE NAME OF EVENT, IF APPLICABLE; IS IT AN AUCTION, RAFFLE, ETC.***):

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DATE SOLICITATIONS WILL BE MADE (***PERMITS CANNOT BE ISSUED RETROACTIVELY***):

\_\_\_\_\_  
From (Month, Day, Year)

\_\_\_\_\_  
To (Month, Day, Year)

ESTIMATED TOTAL DOLLAR AMOUNT OF FUNDS TO BE RAISED DURING THIS SOLICITATION: \_\_\_\_\_

PROJECTED SCHEDULE OF WAGES, FEES, COMMISSIONS, EXPENSES, OR EMOLUMENTS TO BE EXPENDED OR PAID TO ANYONE IN CONNECTION WITH SUCH SOLICITATION: \_\_\_\_\_

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TO WHOM WILL THESE BE PAID: \_\_\_\_\_

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AMOUNT OF WAGES, FEES, COMMISSION, EXPENSES, ETC. TO BE EXPENDED OR PAID TO ANYONE IN CONNECTION WITH THIS SOLICITATION(INCLUDING PAID PROMOTER FEES): \_\_\_\_\_

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EXPLAIN, ***IN DETAIL***, THE CHARACTER & EXTENT OF CHARITABLE, RELIGIOUS, OR EDUCATIONAL WORK BEING DONE BY APPLICANT ORGANIZATION WITHIN THE CITY OF LINCOLN: \_\_\_\_\_

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**ESTIMATED PERCENTAGE OF THE COSTS OF SOLICITATION & DISBURSEMENT WITH THE PROJECTED COLLECTIONS: \_\_\_\_\_**

PAID PROMOTER INFORMATION (IF APPLICABLE) *				
NAME:				
ADDRESS:				
CITY:		STATE:		
ZIP:		PHONE#:		FAX#:

**\* Please Note: The Paid Promoter **must** complete a separate application to be filed with the City Clerk & must comply with all applicable sections of Chapter 2.49 of the Lincoln Municipal Code prior to Solicitation Permit being issued.**

**AMOUNT TO BE PAID TO PROMOTER FOR SERVICES RENDERED: \_\_\_\_\_**

**NAME & ADDRESS OF ANY OFFICER, DIRECTOR, TRUSTEE, PARTNER, OR ANY CURRENT AGENT OR EMPLOYEE ENGAGING IN SOLICITATION OF FUNDS WHO HAS BEEN CONVICTED OF A FELONY OR OF A MISDEMEANOR INVOLVING MORAL TURPITUDE WITHIN THE PAST FIVE YEARS, NATURE OF THE OFFENSE, LOCATION WHERE SUCH CONVICTION OCCURRED & THE YEAR OF SUCH CONVICTION:**

NAME	ADDRESS	NATURE OF OFFENSE	LOCATION OF CONVICTION (City & State)	YEAR OF CONVICTION

**HAS THE APPLICANT OR ANY OFFICER, DIRECTOR, TRUSTEE, PARTNER, OR ANY CURRENT AGENT OR EMPLOYEE ENGAGED IN SOLICITATION OF FUNDS, BEEN ENGAGED IN ANY SOLICITATION OR TRANSACTION OR ENTERPRISE FOUND TO BE FRAUDULENT IN EITHER A CIVIL OR CRIMINAL ACTION?**

\_\_\_\_\_ YES \_\_\_\_\_ NO  
**IF **YES**, PLEASE EXPLAIN:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTICE!**

- 1) The granting of this Solicitation Permit shall in no way be used as an endorsement by the City of Lincoln for any product sold, nor for the integrity of the organization nor the individuals making the solicitation for the organization.
- 2) Within 60-days after the completion of any solicitation campaign, the permit holder must submit in writing to the City Clerk , a sworn statement containing a detailed, itemized statement (form provided on request) showing the gross amount raised by such solicitation, the wages, fees, commission, & expenses paid to anyone in connection with such solicitation and the disposition of the balance of said funds. Except in the case of any organization granted an **ANNUAL PERMIT**, then said report shall be filed at the end of the Fiscal Year of said organization. Failure to file such report will be considered a violation of Section 2.49.060 of the Lincoln Municipal Code.
- 3) All solicitors may be required to carry a facsimile of the solicitation permit by the City Clerk.
- 4) The City Clerk requires a minimum of at least **THREE WORKING DAYS** to make a recommendation on all solicitation applications. In the case of a Paid Promoter being hired, more time may be required. (*Section 5.18.040 actually gives the City Clerk 14 days after receipt of application to either approve or deny said application. No fundraising may take place until a permit is issued.*) **Note: In the event a Paid Promoter is involved, more time may be required.**

By signing this application, the applicant hereby states that all the information contained herein is true & correct & further states that the granting of a permit shall in **no way** be used or represented in any way as an endorsement by the City of Lincoln.

***Must be signed, with proper Identification, in front of a Notary Public.***

**DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
Status in the Organization

\_\_\_\_\_  
Signature of Applicant

**NOTARY PUBLIC**

COUNTY OF \_\_\_\_\_

STATE OF \_\_\_\_\_

Subscribed & sworn to as being a true statement, before me, a Notary Public, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

***Applications are available on the City's web site at "www.ci.lincoln.ne.us".***